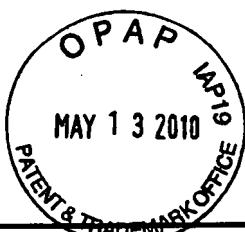


Please type a plus sign (+) inside this box → +



HDP/SB/21 based on PTO/SB/21 (08-00)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/591,321
Filing Date	August 31, 2006
Inventor(s)	Morton REESLEV et al.
Group Art Unit	1657
Examiner Name	Paul C. Martin
Attorney Docket Number	36731-000093/US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Letter to the Official Draftsperson and _____ Sheets of Formal Drawing(s)	<input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims)
<input type="checkbox"/> Amendment	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Notice of Appeal, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name John A. Castellano	Reg. No. 35,094
Signature			
Date	May 13, 2010		

895417.1

FEE TRANSMITTAL for FY 2009

Effective 2/8/2006. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 335)

Complete if Known

Application Number	10/591,321
Filing Date	August 31, 2006
First Named Inventor	Morton REESLEV et al.
Examiner Name	Paul C. Martin
Art Unit	1657



METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Other None Order
 Deposit Account:

Deposit Account Number 08-0750

Deposit Account Name Harness, Dickey & Pierce, P.L.C.

The Director is authorized to: (check all that apply)

-
- Charge fee(s) indicated below
-
- Credit any overpayments
-
-
- Charge any additional fee(s) during the pendency of this application
-
-
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
1011	2011	330	165
1012	2012	220	110
1013	2013	220	110
1014	2014	330	165
1005	2005	220	110

SUBTOTAL (1)

(\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	49	-51 **	= 0	X = 0
Independent Claims	2	-3 **	= 0	X = 0
Multiple Dependent				

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	(\\$)
1202	2202	52
1201	2201	220
1203	2203	390
1204	2204	220
1205	2205	52

SUBTOTAL (2)

(\$ 0)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
1051	2051	130	65
1052	2052	50	25
1053	1053	130	130
1812	1812	2,520	2,520
1804	1804	920*	920*
1805	1805	1,840*	1,840*
1251	2251	130	65
1252	2252	490	245
1253	2253	1,110	555
1254	2254	1,730	865
1255	2255	2,350	1,175
1401	2401	540	270
1402	2402	540	270
1403	2403	1,080	540
1452	2452	540	270
1453	2453	1,620	810
1462	1462	400	400
1463	1463	200	200
1464	1464	130	130
1807	1807	50	50
1806	1806	180	180
8021	8021	40	40
1809	2809	810	405
1810	2810	810	405
1801	2801	810	405

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$335)

4. SEARCH/EXAMINATION FEES

1111	2111	540	270	Utility Search Fee
1112	2112	100	50	Design Search Fee
1113	2113	330	165	Plant Search Fee
1114	2114	540	270	Reissue Search Fee
1311	2311	220	110	Utility Examination Fee
1312	2312	140	70	Design Examination Fee
1313	2313	170	85	Plant Examination Fee
1314	2314	650	325	Reissue Examination Fee

SUBTOTAL (4) (\$0)

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	John A. Castellano	Registration No. (Attorney/Agent)	35,094	Telephone (703) 668-8000
Signature			Date	May 13, 2010

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